



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of
Vassilovski and Tomcik

Serial No. 09/773,402

Filed: January 31, 2001

For: METHOD AND APPARATUS FOR
PROVIDING FAST MOBILE-TO-
MOBILE DATA CONNECTIVITY

Group No. 2682

7/A -
smc
4/1/04

AMENDMENT

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MAR 31 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 24, 2003, the time for responding having been extended until March 24, 2004, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Courtney Etnyre
(type or print name)

Date: March 23, 2004

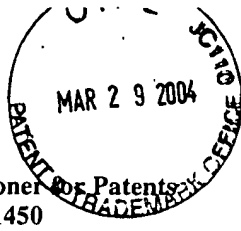
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[Handwritten Signature]



AMENDMENT TRANSMITTAL FORM

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000213
In Re Application of: Dan Vassilovski et al
Serial Number: 09/773,402
Filed: January 31, 2001
Examiner: Yuwen Pan
Group Art Unit: 2682

RECEIVED

MAR 31 2004

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

Technology Center 2600

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	5	5	0	x \$18 =	\$0	
Independent**	2	2	0	x \$86 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$290	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$
				<input checked="" type="checkbox"/> Two Months	\$420	\$420
				<input type="checkbox"/> Three Months	\$950	\$
TERMINAL DISCLAIMER				\$110	\$	
				TOTAL FEE	\$420	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$420.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: March 23, 2004

Signature:

Sandip (Micky) S. Minhas, Reg. No. 44,945
(858) 651-4908

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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Depositor's Name: _____
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Signature: